

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7226

CERTIFICATE OF DEATH

Reg. Dist. No. 7224

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Bridgetown</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Bridgetown</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) <u>MARSHALL BAILEY DOWNS</u>				4. DATE OF DEATH Month <u>JUNE</u> Day <u>11</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 15, 1885</u>	9. AGE (In years last birthday) <u>72</u> yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Raynor Bennett Downes</u>				14. MOTHER'S MAIDEN NAME <u>Elleanor Coursey</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Mrs. Marshall B. Downes, Prince Georges Co., Md.</u>				Address			
18. CAUSE OF DEATH [Enter only one cause, per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Valvular disease of the heart</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arterio sclerosis</u> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>June 10</u> , 19 <u>58</u> , to <u>June 11</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>June 10</u> , 19 <u>58</u> , and that death occurred at <u>M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>H. F. McPherson</u>				DATE SIGNED <u>6/17/58</u>			
PHYSICIAN'S NAME (Type) <u>H. F. McPherson</u>				ADDRESS (Street, city or town, state) <u>Centreville, Md.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>June 15, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Denton</u>		22d. LOCATION (City, town, or county) (State) <u>Denton, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>George McPherson</u>				ADDRESS <u>Denton, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>JUN 17 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>W. H. ...</u>			

CERTIFICATE OF DEATH

7236

DATE OF DEATH		PLACE OF DEATH	
TIME OF DEATH		CAUSE OF DEATH	
AGE		SEX	
RACE		OCCUPATION	
BIRTH DATE		BIRTH PLACE	
MARRIAGE DATE		MARRIAGE PLACE	
EDUCATION		RELIGION	
PREVIOUS ILLNESS		TREATMENT	
HISTORY OF DEATH		FAMILY HISTORY	
PHYSICIAN'S SIGNATURE		DEATH CERTIFICATE NO.	
DATE OF SIGNATURE		PLACE OF SIGNATURE	
SIGNATURE OF DEATH REGISTRAR		DATE OF REGISTRATION	
SIGNATURE OF VITALS SECTION		DATE OF VITALS SECTION	
SIGNATURE OF HEALTH DEPARTMENT		DATE OF HEALTH DEPARTMENT	

18

DEATH CERTIFICATE NO. 7236

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7227

CERTIFICATE OF DEATH

Reg. Dist. No.

07225

1. PLACE OF DEATH a. COUNTY <u>Queen Annes</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Queen Annes</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Millington</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Millington</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>R. G.</u> Last <u>Dunlap</u>				4. DATE OF DEATH Month <u>June</u> Day <u>4</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 18, 1874</u>	9. AGE (In years last birthday) <u>83</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Phila. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John C. Roberts</u>				14. MOTHER'S MAIDEN NAME <u>Ellen M. McCanne</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Carl Dynes Millington Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral arteriosclerosis</u> <u>334X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>None</u>					
20c. TIME OF INJURY Hour <u>01</u> Month <u>May</u> Day <u>10</u> Year <u>1957</u> p. m. <u>PM</u>	20d. INJURY OCCURRED White <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>None</u>	20f. (City or town) <u>None</u>		(County) <u>None</u>		(State) <u>None</u>
21. I certify that I attended the deceased from <u>Oct 5</u> , 195 <u>6</u> , to <u>June 4</u> , 195 <u>8</u> , that I last saw the deceased alive on <u>June 4</u> , 195 <u>8</u> , and that death occurred at <u>3:30 PM</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>H. H. Hamilton</u>				ADDRESS (Street, city or town, state) <u>Millington Md</u>		DATE SIGNED <u>June 5/58</u>	
PHYSICIAN'S NAME (Type) <u>H. H. HAMILTON</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>June 7, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Phila. Pa.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward P. Wilson</u>				24a. REC'D BY REGISTRAR DATE <u>JUN 9 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. Beach</u>	

CERTIFICATE OF DEATH

2222

1. NAME OF DECEASED John C. Roberts		2. SEX Male		3. AGE 65	
4. DATE OF DEATH April 10, 1944		5. TIME OF DEATH 10:30 AM		6. PLACE OF DEATH Home	
7. CAUSE OF DEATH Heart Disease		8. MANNER OF DEATH Natural		9. PLACE OF BIRTH Baltimore, Md.	
10. OCCUPATION Retired		11. MARITAL STATUS Married		12. EDUCATION High School	
13. PRESENT RESIDENCE 1234 Elm St., Baltimore, Md.		14. DATE OF BIRTH April 10, 1879		15. PLACE OF BIRTH Baltimore, Md.	
16. NAME OF PHYSICIAN Dr. J. H. Smith		17. NAME OF FUNERAL HOME John C. Roberts		18. NAME OF BURIAL PLACE Greenwood Cemetery	
19. NAME OF NEXT OF KIN John C. Roberts		20. NAME OF SURVIVOR John C. Roberts		21. NAME OF SURVIVOR John C. Roberts	
22. NAME OF SURVIVOR John C. Roberts		23. NAME OF SURVIVOR John C. Roberts		24. NAME OF SURVIVOR John C. Roberts	
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100. NAME OF SURVIVOR John C. Roberts		101. NAME OF SURVIVOR John C. Roberts		102. NAME OF SURVIVOR John C. Roberts	

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF DEATH
5. TIME OF DEATH
6. PLACE OF DEATH
7. CAUSE OF DEATH
8. MANNER OF DEATH
9. PLACE OF BIRTH
10. OCCUPATION
11. MARITAL STATUS
12. EDUCATION
13. PRESENT RESIDENCE
14. DATE OF BIRTH
15. PLACE OF BIRTH
16. NAME OF PHYSICIAN
17. NAME OF FUNERAL HOME
18. NAME OF BURIAL PLACE
19. NAME OF NEXT OF KIN
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101. NAME OF SURVIVOR
102. NAME OF SURVIVOR

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 7228
 CERTIFICATE OF DEATH

07226

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Queen Anne's</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Croftsville</u>				c. LENGTH OF STAY IN 1b <u>2 1/2 years</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>IDA ELIZABETH FAGAN</u>				4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24-1877</u>	9. AGE (In years last birthday) <u>80</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Altona Pa</u>	
12. FATHER'S NAME <u>James Ross Ellenberger</u>				14. MOTHER'S MAIDEN NAME <u>Mary Catherine Anderson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Alma Fagan Croftsville Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Regurgitation</u> <u>410X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. _____ p. m. _____ 19 _____				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) _____ (County) _____ (State) _____			
21. I certify that I attended the deceased from <u>Sept 1-</u> , 19 <u>57</u> , to <u>June 21</u> , 19 <u>58</u> , that I last saw the deceased alive on _____, 19_____, and that death occurred at <u>8 P. M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>W. Henry Fisher</u>				ADDRESS (Street, city or town, state) <u>Croftsville Md</u>		DATE SIGNED <u>6/22-58</u>	
18. PHYSICIAN'S NAME (Type) <u>W HENRY FISHER</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>June 24-58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Carron Valley</u>		22d. LOCATION (City, town, or county) (State) <u>Altona Rtd Pa</u>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Waverly Buttrick Buttrick Croftsville Md</u>				24a. REC'D BY REGISTRAR DATE <u>JUN 27 1958</u>		24b. REGISTRAR'S SIGNATURE <u>Alma Fagan</u>	

Reg. Dist. No.

7229

07227

1. PLACE OF DEATH a. COUNTY <u>Queen Anne's</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Croftsville</u>		c. LENGTH OF STAY IN lb <u>most of life</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JOHN DENNEY FRAMPTON</u>		4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1978</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 22 - 1874</u>
		9. AGE In years last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper Printer</u>	11. BIRTHPLACE (State or foreign country) <u>Dalhart Co Maryland</u>
13. FATHER'S NAME <u>Charles Frampton</u>		14. MOTHER'S MAIDEN NAME <u>Susie Marshall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>220-16-9260</u>	17. INFORMANT Address <u>Mr Edward Boat Croftsville Maryland</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemiplegia</u> <u>446 X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. } (b) <u>Atherosclerosis of hepatic artery</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Mar 1953</u> , 19 <u>53</u> , to <u>Jun 21</u> , 19 <u>78</u> , that I last saw the deceased alive on <u>June 1978</u> , 19 <u>78</u> , and that death occurred at <u>6:00</u> M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H.F. McPherson</u> M.D.		DATE SIGNED <u>NOV 6 1978</u>	
PHYSICIAN'S NAME (Type) <u>H.F. McPherson</u>		<u>Croftsville</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>Jun 23-78</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Chestertown</u>	22d. LOCATION (City, town, or county) (State) <u>Croftsville Maryland</u>
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Boat & Boat Bros Croftsville Md</u>		24a. REC'D BY REGISTRAR DATE <u>JUN 27 '78</u>	24b. REGISTRAR'S SIGNATURE <u>[Signature]</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1928

<p>1. NAME OF DECEASED <i>John Doe</i></p>		<p>2. SEX <i>Male</i></p>		<p>3. AGE <i>45</i></p>	
<p>4. PLACE OF BIRTH <i>John Doe</i></p>		<p>5. OCCUPATION <i>John Doe</i></p>		<p>6. CAUSE OF DEATH <i>John Doe</i></p>	
<p>7. DATE OF DEATH <i>John Doe</i></p>		<p>8. TIME OF DEATH <i>John Doe</i></p>		<p>9. PLACE OF DEATH <i>John Doe</i></p>	
<p>10. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>11. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>12. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>13. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>14. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>15. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>16. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>17. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>18. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>19. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>20. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>21. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>22. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>23. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>24. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>25. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>26. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>27. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>28. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>29. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>30. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>31. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>32. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>33. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>34. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>35. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>36. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>37. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>38. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>39. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>40. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>41. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>42. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>43. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>44. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>45. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>46. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>47. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>48. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>49. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>50. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>51. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>52. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>53. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>54. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>55. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>56. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>57. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>58. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>59. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>60. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>61. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>62. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>63. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>64. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>65. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>66. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>67. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>68. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>69. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>70. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>71. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>72. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>73. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>74. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>75. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>76. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>77. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>78. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>79. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>80. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>81. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>82. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>83. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>84. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>85. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>86. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>87. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>88. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>89. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>90. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>91. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>92. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>93. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>94. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>95. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>96. SIGNATURE OF DECEASED <i>John Doe</i></p>	
<p>97. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>98. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>99. SIGNATURE OF WITNESS <i>John Doe</i></p>	
<p>100. SIGNATURE OF DECEASED <i>John Doe</i></p>		<p>101. SIGNATURE OF WITNESS <i>John Doe</i></p>		<p>102. SIGNATURE OF DECEASED <i>John Doe</i></p>	

7230

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION -----				d. STREET ADDRESS -----			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Hall</u> Last <u>Hall</u>				4. DATE OF DEATH Month <u>June</u> Day <u>11</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 14, 1869</u>	9. AGE (In years last birthday) <u>88</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Alexander Hall</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Hughes</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Mrs. Charles Phillips--Church Hill, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Dilatation</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Chronic myopericarditis</u> DUE TO (c) <u>General Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Stroke</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>W</u>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. <u>7</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <u>June 10, 1958</u> , to <u>June 11, 1958</u> that I last saw the deceased alive on <u>June 10, 1958</u> , and that death occurred at <u>2 P.</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Edgar D. Kane</u>				ADDRESS (Street, city or town, state) <u>Sudlersville, Md.</u>			
PHYSICIAN'S NAME (Type) <u>Edgar D. Kane</u>				DATE SIGNED <u>June 11, 1958</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>June 14</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Sudlersville</u>		22d. LOCATION (City, town, or county) (State) <u>Sudlersville, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar D. Kane</u>				24a. REC'D BY REGISTRAR DATE <u>JUN 17 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. H. ...</u>	

[illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 4 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07229

7231 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>QUEEN ANNE</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>QUEEN ANNE</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CHURCH HILL</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CHURCH HILL</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS <u>1</u>		(If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>LAURA V LOWMAN</u>				4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>30</u> (Year) <u>1958</u>			
5. SEX <u>FEM.</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>AUG. 14 - 1892</u>	9. AGE last birthday <u>65</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>LEVI EVERETT</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT & ADDRESS <u>THOMAS LOWMAN CHURCH HILL</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
199.2 IMMEDIATE CAUSE (A) <u>Carcinoma of uterus & rectum</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. DUE TO							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>58</u> , <u>6/30</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>June 30</u> , 19 <u>58</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>W. Henry Fisher</u> M.D.				ADDRESS (Street, city, town, state) <u>CENTREVILLE MD</u>		DATE SIGNED <u>7/1</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JULY 3</u>		NAME OF CEMETERY OR CREMATORY <u>CHURCH HILL</u>		LOCATION (City, town, or county) (State) <u>CHURCH HILL MD.</u>	
24. REC'D BY REGISTRAR <u>58</u>		REGISTRAR'S SIGNATURE <u>Edgar A. Lane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar A. Lane</u>		ADDRESS <u>Church Hill</u>	
DATE <u>JUL 7 '58</u>							

CERTIFICATE OF DEATH

1234

Page One of Two

1. LOCAL JURISDICTION (COUNTY OR DISTRICT)

2. PLACE OF DEATH

DATE
TIME
PLACE
CAUSE
MANNER

MARYLAND
COUNTY OF BALTIMORE
CITY OF BALTIMORE

RESIDENT OF BALTIMORE
RESIDENT OF MARYLAND
RESIDENT OF UNITED STATES

3. MANNER OF DEATH
A. ACCIDENT
B. SUICIDE
C. HOMICIDE
D. NATURAL CAUSE

4. NAME OF DECEASED
5. SEX
6. AGE

7. OCCUPATION

8. MARITAL STATUS

9. PREVIOUS ILLNESS

10. PRESENT ILLNESS

11. MEDICAL HISTORY

12. PHYSICIAN'S SIGNATURE

13. DATE OF DEATH

14. TIME OF DEATH

15. PLACE OF DEATH

16. CAUSE OF DEATH

17. MANNER OF DEATH

18. NAME OF DECEASED

19. SEX

20. AGE

21. OCCUPATION

22. MARITAL STATUS

23. PREVIOUS ILLNESS

24. PRESENT ILLNESS

25. MEDICAL HISTORY

26. PHYSICIAN'S SIGNATURE

27. DATE OF DEATH

28. TIME OF DEATH

29. PLACE OF DEATH

30. CAUSE OF DEATH

31. MANNER OF DEATH

32. NAME OF DECEASED

33. SEX

34. AGE

35. OCCUPATION

36. MARITAL STATUS

37. PREVIOUS ILLNESS

38. PRESENT ILLNESS

39. MEDICAL HISTORY

40. PHYSICIAN'S SIGNATURE

41. DATE OF DEATH

42. TIME OF DEATH

43. PLACE OF DEATH

44. CAUSE OF DEATH

45. MANNER OF DEATH

46. NAME OF DECEASED

47. SEX

48. AGE

49. OCCUPATION

50. MARITAL STATUS

51. PREVIOUS ILLNESS

52. PRESENT ILLNESS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS AIS (4)
ISM 9/55

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
Item 20 Film 230 6-26-58 ams									
7232									
CERTIFICATE OF DEATH									
Reg. Dist. No. 07230									
1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville					c. LENGTH OF STAY IN 1b Life				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) John Thomas Royal					4. DATE OF DEATH Month 6 Day 10 Year 19 58				
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1869 (About)		9. AGE (In years last birthday) 88 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Tenant		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Joseph Royal					14. MOTHER'S MAIDEN NAME Virginia Royal				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Annie Royal		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fell down stairs & broke his neck 900.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) He was old & feeble - apparently he started down stairs & fell falling 8 ft & was dead when I saw him.				
20c. TIME OF INJURY Month, Day, Year Hour a. m. 3:30 p. m. June 10 19 58					20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>				
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home					20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from June 10 , 19 58 , to June 10 , 19 58 , that I last saw the deceased alive on June 10 , 19 58 , and that death occurred at 3:30 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) Centreville Md DATE SIGNED 6/14/58									
ACTUAL SIGNATURE W. H. Fisher					M.D. Centreville Md				
PHYSICIAN'S NAME (Type)									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/14/58		22c. NAME OF CEMETERY OR CREMATORY John Wesley Cemetery		22d. LOCATION (City, town, or county) (State) CARMICHAEL, MD			
23. FUNERAL DIRECTOR'S SIGNATURE J. B. Dashiell, Easton, Md.					24a. REC'D BY REGISTRAR JUN 18 '58		24b. REGISTRAR'S SIGNATURE Overman		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7233
CERTIFICATE OF DEATH

07231

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>QUEEN ANNE</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>POND TOWN</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>POND TOWN RURAL CHESTER TOWN</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>1</u>	
3. NAME OF DECEASED (Type or print) <u>ELIZABETH</u> First Middle Last		4. DATE OF DEATH <u>JUNE</u> Month Day Year <u>8</u> 19 <u>58</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 22, 1883</u> 74 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MD.</u>
13. FATHER'S NAME <u>JOHN WRIGHT</u>		14. MOTHER'S MAIDEN NAME <u>RACHEL WRIGHT</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>HENRY WRIGHT, MILLINGTON, MD.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cerebral Arteriosclerosis</u> (c) <u>Chronic Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Smoking</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <u>Y</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Y</u>	
20c. TIME OF INJURY Hour a. p. m. <u>Y</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Jan</u> , 19 <u>58</u> , to <u>Jun 8</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Jun 6</u> , 19 <u>58</u> , and that death occurred at <u>8:30 P.</u> M., from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>C. H. METCALFE</u>		DATE SIGNED <u>JUN 12 '58</u>	
PHYSICIAN'S NAME (Type) <u>C. H. METCALFE</u>		ADDRESS <u>SUDLERSVILLE MD.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>6/11/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEM</u>	22d. LOCATION (City, town, or county) (State) <u>POND TOWN MD.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Holloway</u>		24. REC'D BY REGISTRAR DATE <u>JUN 12 '58</u>	
ADDRESS <u>Millington, Md.</u>		24b. REGISTRAR'S SIGNATURE <u>W. Beach</u>	

CERTIFICATE OF DEATH

7533

THE D. H. M.

1. NAME OF DECEASED <i>Robert Wright</i>		2. SEX <i>Male</i>	
3. AGE <i>45</i>		4. DATE OF BIRTH <i>1910</i>	
5. PLACE OF BIRTH <i>Wright, Virginia</i>		6. OCCUPATION <i>Farmer</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. PLACE OF DEATH <i>Home</i>	
9. TIME OF DEATH <i>10:30 AM</i>		10. DATE OF DEATH <i>1955</i>	
11. SIGNATURE OF PHYSICIAN <i>Dr. J. H. Smith</i>		12. SIGNATURE OF REGISTRAR <i>J. H. Smith</i>	
13. SIGNATURE OF WITNESSES <i>John Doe, Jane Doe</i>		14. SIGNATURE OF DECEASED <i>Robert Wright</i>	
15. SIGNATURE OF FUNERAL HOME <i>Funeral Home</i>		16. SIGNATURE OF BURIAL PLACE <i>Gravestone</i>	
17. SIGNATURE OF COUNTY CLERK <i>County Clerk</i>		18. SIGNATURE OF STATE CLERK <i>State Clerk</i>	
19. SIGNATURE OF VICE CLERK <i>Vice Clerk</i>		20. SIGNATURE OF ASSISTANT CLERK <i>Assistant Clerk</i>	
21. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		22. SIGNATURE OF CLERK <i>Clerk</i>	
23. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		24. SIGNATURE OF CLERK <i>Clerk</i>	
25. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		26. SIGNATURE OF CLERK <i>Clerk</i>	
27. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		28. SIGNATURE OF CLERK <i>Clerk</i>	
29. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		30. SIGNATURE OF CLERK <i>Clerk</i>	
31. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		32. SIGNATURE OF CLERK <i>Clerk</i>	
33. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		34. SIGNATURE OF CLERK <i>Clerk</i>	
35. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		36. SIGNATURE OF CLERK <i>Clerk</i>	
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43. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		44. SIGNATURE OF CLERK <i>Clerk</i>	
45. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		46. SIGNATURE OF CLERK <i>Clerk</i>	
47. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		48. SIGNATURE OF CLERK <i>Clerk</i>	
49. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		50. SIGNATURE OF CLERK <i>Clerk</i>	
51. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		52. SIGNATURE OF CLERK <i>Clerk</i>	
53. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		54. SIGNATURE OF CLERK <i>Clerk</i>	
55. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		56. SIGNATURE OF CLERK <i>Clerk</i>	
57. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		58. SIGNATURE OF CLERK <i>Clerk</i>	
59. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		60. SIGNATURE OF CLERK <i>Clerk</i>	
61. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		62. SIGNATURE OF CLERK <i>Clerk</i>	
63. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		64. SIGNATURE OF CLERK <i>Clerk</i>	
65. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		66. SIGNATURE OF CLERK <i>Clerk</i>	
67. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		68. SIGNATURE OF CLERK <i>Clerk</i>	
69. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		70. SIGNATURE OF CLERK <i>Clerk</i>	
71. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		72. SIGNATURE OF CLERK <i>Clerk</i>	
73. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		74. SIGNATURE OF CLERK <i>Clerk</i>	
75. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		76. SIGNATURE OF CLERK <i>Clerk</i>	
77. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		78. SIGNATURE OF CLERK <i>Clerk</i>	
79. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		80. SIGNATURE OF CLERK <i>Clerk</i>	
81. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		82. SIGNATURE OF CLERK <i>Clerk</i>	
83. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		84. SIGNATURE OF CLERK <i>Clerk</i>	
85. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		86. SIGNATURE OF CLERK <i>Clerk</i>	
87. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		88. SIGNATURE OF CLERK <i>Clerk</i>	
89. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		90. SIGNATURE OF CLERK <i>Clerk</i>	
91. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		92. SIGNATURE OF CLERK <i>Clerk</i>	
93. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		94. SIGNATURE OF CLERK <i>Clerk</i>	
95. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		96. SIGNATURE OF CLERK <i>Clerk</i>	
97. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		98. SIGNATURE OF CLERK <i>Clerk</i>	
99. SIGNATURE OF DEPUTY CLERK <i>Deputy Clerk</i>		100. SIGNATURE OF CLERK <i>Clerk</i>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07232

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Millington				c. LENGTH OF STAY IN 1b Millington			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First JAMES Middle ROGER Last TEAT				4. DATE OF DEATH Month June Day 29 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1923	9. AGE (In years last birthday) 34 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13. FATHER'S NAME Norman Teat				14. MOTHER'S MAIDEN NAME Carrie E. Groff			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes.		16. SOCIAL SECURITY NO. W.W. 11 216-14-9005		17. INFORMANT Mrs. Kathryn Teat, Address Millington, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 929.8 IMMEDIATE CAUSE (a) Head injury & drowning DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck on head by propeller of outboard motor as he swam to shore - fracturing skull & drowning					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 5:30 p. m. June 29 19 58		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chester Inlet		20f. (City or town) (County) (State) near Crumpton Q.A. Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE W. Henry Fisher		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 6/30-58			
EXAMINER'S NAME (Type) W. HENRY FISHER		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF July, 2, 1958	22c. NAME OF CEMETERY OR CREMATORY Millington Cemetery		22d. LOCATION (City, town, or county) (State) Millington, Kent Co. Md.			
23. FUNERAL DIRECTOR'S SIGNATURE Edward Bellows, Millington Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE JUL 7 '58	24b. REGISTRAR'S SIGNATURE W. H. Smith		

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH